

ELECTION FORM

Financial institutions use this form to elect the method for participating in the Financial Institution Data Match with the Franchise Tax Board. Please refer to the instructions on the reverse side for more information. When completed and signed by an authorized representative of your organization, this form will serve as the official data processing agreement with FTB.

YOUR ORGANIZATION							
TOOK OKGANIZATION							
Name:		FEIN: _	FEIN:				
Contact:		Phone:	Phone:				
E-Mail:		Fax:					
Street address:		Mailing address	Mailing address (if different from street address):				
Attn (optional):		Attn (optional):	Attn (optional):				
			 				
ACTION	EXCHANGE	METHOD					
Effective Date of	☐ Method 1	The All Accounts Method. The first qu	uarter of participation in a	calendar year, the			
Change or Election		financial institution submits a file to F quarters, the file may contain all oper	TB of all open accounts.	For subsequent			
		changed accounts.		•			
☐ Initial Election	☐ Method 2	FTB sends a list of child support debt The financial institution matches the l	nquiry File against all op	en accounts and			
☐ Change election		returns a file (the Match File) of the m provided on one of the following type		quiry File will be			
☐ Add or change		☐ IBM 3480 tape cartridge	□ CD	☐ Internet			
transmitter							
TRANSMITTER INFORMATION							
If you plan to use a transmitter to exchange data with FTB, please provide the following information about your transmitter:							
Transmitter Name	FEIN:						
Address: ATTN (optional):							
71. 111 (optiona	/·						
Contact:	Phone:						
E-Mail:	Fax:						
AUTHORIZED REPRESE	NTATIVE						
Name (please print):	Title:						
Signature:	Date:						
		hall not be liable under any federal or state law to an agency) for providing the required information covere					

institution will not be held liable for any other action taken in good faith to comply with the requirements of 42 USC Section 666 (a) (17) (C). Sections 19552 and 19271.6 of the California Revenue and Taxation Code provide that unauthorized disclosure or use of confidential Franchise Tax Board information is a misdemeanor.

INSTRUCTIONS

FIDM Election Form

Purpose

Use this form to elect the method for participating in the Financial Institution Data Match (FIDM). Complete this form including the authorized signature and fax it to (916) 845-0412 or mail it to:

FIDM: Mail Stop B-40 Franchise Tax Board PO Box 460 Rancho Cordova, CA 95741-0460

Calendar Year Participation

The Election Form not only meets the federal requirement to enter into agreement to exchange data, but it also establishes where and to whom the Method 2 Inquiry File needs to be sent each quarter. Although the Election Form due date was set at 75 days prior to the data exchange due date, FTB will accept Election Forms at any time. However, in order to receive a Method 2 Inquiry File according to schedule, the Election Form must be received prior to the Inquiry File mail date shown below.

Quarter	Quarter Months	Election Due	FTB Inquiry File Mail Date (Method 2)	Method 1 & 2 Data Due
1 st Qtr	Jan, Feb, Mar	Jan 15	Apr 15	May 30
2 nd Qtr	Apr, May, Jun	Apr 15	July 15	Aug 30
3 rd Qtr	Jul, Aug, Sep	Jul 15	Oct 15	Nov 30
4 th Qtr	Oct, Nov, Dec	Oct 15	Jan 15	Feb 28

Your Organization

Complete the Name line in this section of the form with the exact name that you will enter as the institution name in the "A" Record of the Method 1 or Method 2 file that you will submit to FTB. Also enter the same name on the Data Exchange Transmittal Form (form FTB 2049C). When one institution is submitting a separate file for each of its money market mutual funds, each fund should be treated as if it is a separate financial institution by filing an Election Form for each fund with the reporting institution shown as the transmitter.

Generally, FTB uses the organization street address for mailing, unless a different address is provided as the mailing address. However, FTB sends packages (all Method 2 Inquiry Files) by UPS, and must use the street address for delivery, not a PO Box. Therefore, the Method 2 Inquiry File will not be sent to the organization's mailing address if it is a PO Box.

Exchange Method

Call us at the number indicated below to obtain the digital certificate necessary for exchanging data via the Internet.

Transmitter Information

Enter the requested information about the organization that will participate in the data exchange (Method 1 or Method 2) on behalf of your organization. The Method 2 Inquiry File will be sent directly to your transmitter unless you contact our FIDM Call Site to make other arrangements.

Do not enter your organization on the form as its own transmitter, unless you are also submitting a separate file (which may be included on the same media) on behalf of another financial institution. In this instance, your organization would be entered as the transmitter on both election forms.

Enter a street address for your transmitter, not a PO Box.

Definitions

FEIN: Federal Employer Identification Number

Authorized Representative: An officer or executive of your organization.

Assistance

The FIDM Call Site: (916) 845-6304